

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:33

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : SUBA1 Office of Applied Studie
Start Date : 01-JAN-90
End Date :
Follow-up :

Kentucky's Treatment Episode Data Set
Version : 1

K = Key Field

System		<u>Kentucky</u>	
Item		Value	
No.	Treatment Episode Data Set	State System Data	
1	System Transaction Type	-	System Transaction Type
K 2	State Code	KY	FIPS Code Added to Each Record
3	Reporting Date	002	System Reporting Date

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Kentucky's Treatment Episode Data Set
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K = Key Field		Minimum		<u>Kentucky</u>	
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
K 1	Provider Identifier	----	Provider Identifier		
K 2	Client Identifier (Admission)	06	Client ID		
K 3	Co-Dependent/Collateral	43-I	Co-Dependent/Collateral		
	1 Yes		0 Yes		
	2 No		1 No		
	2 No		7 Unknown		
	2 No		8 Not Collected		
K 4	Client Transaction Type	108	SA Client Transaction Type		
	A Initial Admission		1 Initial SA Admission		
	T Transfer/Change in Service		2 Transfer/Change of Service		
K 5	Date of Admission	006	Admission Date		
6	Number of Prior Treatment Episodes	054	Substance Abuse Prior Episode		
	0 0		0 0 Actual Number-Prior Treatments		
	1 1		1 1		
	2 2		2 2		
	3 3		3 3		
	4 4		4 4		
	5 Or More		5 5 Five or More		
	7 Unknown		7 7 Unknown		
	8 Not Collected		8 8 Not Collected		

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

7	Principal Source of Referral	26	Source of Referral
97	Unknown	00	Not Reported
01	Individual (includes self-referral))	11	Self
01	Individual (includes self-referral))	12	Family/Friend
01	Individual (includes self-referral))	13	Other Client of Center
06	Other Community Referral	14	Clergy
03	Other Health Care Provider	15	Private Psychiatrist/Psychiatric Clinic
03	Other Health Care Provider	16	Other Physician
03	Other Health Care Provider	17	Other Private Practitioner
05	Employer/EAP	18	Employer/Industry
06	Other Community Referral	21	Other Comprehensive Care Center
02	Alcohol/Drug Abuse Provider	22	Substance Abuse Treatment Facility
03	Other Health Care Provider	23	KDMH/MR Hospital-ICF/MR
03	Other Health Care Provider	24	Other Inpatient Psychiatric Service
03	Other Health Care Provider	25	Private ICF/MR
03	Other Health Care Provider	26	Other General Hospital
04	School (Educational)	31	School
07	Court/Criminal Justice/DUI/DWI	33	Police
06	Other Community Referral	34	Self Help Group
06	Other Community Referral	43	Department of Social Services
05	Employer/EAP	44	Vocational Rehabilitation
06	Other Community Referral	45	Other Social Services Agency
07	Court/Criminal Justice/DUI/DWI	50	State/Federal Court
07	Court/Criminal Justice/DUI/DWI	51	Formal Adjudication Process
07	Court/Criminal Justice/DUI/DWI	52	Probation/Parole
07	Court/Criminal Justice/DUI/DWI	53	Recognized Legal Entity
07	Court/Criminal Justice/DUI/DWI	54	Diversionay Program
07	Court/Criminal Justice/DUI/DWI	55	Prison
07	Court/Criminal Justice/DUI/DWI	56	DUI/DWI
07	Court/Criminal Justice/DUI/DWI	57	Other Criminal Justice
06	Other Community Referral	99	Other

8 Date of Birth**08 Date of Birth**

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
9	Sex	009	Gender
1	Male	1	Male
2	Female	2	Female
7	Unknown	7	Unknown (Not Entered)
8	Not Collected	8	Not Collected (Not Ask)
10	Race	09	Race
05	White	1	White
04	Black or African American	2	Black
02	American Indian (Other than Alaskan Native)	3	American Indian
03	Asian or Pacific Islander	4	Asian/Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	5	Alaskan Native
20	Other	6	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		
11	Ethnicity	10	Ethnicity
01	Puerto Rican	1	Puerto Rican
02	Mexican	2	Mexican
03	Cuban	3	Cuban
04	Other Specific Hispanic	4	Other Hispanic
05	Not of Hispanic Origin	5	Not of Hispanic Origin

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Item

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No. Treatment Episode Data Set

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State System Data

12 Education

01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
00 Less Than One Grade Completed
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
97 Unknown

11 Education

00-25 Actual Grade Completed
00-25 Actual Grade Completed
95 Pre-School
96 Kindergarten
97 Unknown

13 Employment Status

98 Not Collected
01 Full Time
02 Part Time
03 Unemployed
03 Unemployed
01 Full Time
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
97 Unknown

14 Employment Status

00 Not Reported
01 Full Time
02 Part Time
03 On Layoff from Job
04 Looking for Work
05 In Armed Forces
06 Homemaker
07 Student
08 Retired
09 Inmate of Institution
10 Child
11 Disabled
99 Other

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State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	68,73,78	First Two Digits of Drug Codes from Detailed Drug Code Table
02	Alcohol	02	Alcohol
03	Cocaine, Crack	03	Coacine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	04	Marijuana/Hashish
05	Heroin	05	Heroin/Morphine
06	Non-Prescription Methadone	06	Methadone
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics
08	PCP	08	PCP
09	Other Hallucinogens	09	Other Hallucinogens, LSD
10	Methamphetamine	10	Methamphetamine
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepines
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbiturates
16	Other Sedatives or Hypnotics	16	Other Sedatives or Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over-the-Counter
20	Other	20	Other
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

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State System Data

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	71,76,8 1	Route of Administration
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01	Oral	01	Oral
02	Smoking	02	Smoking
03	Inhalation	03	Inhalation
04	Injection (IV or intramuscular)	04	Injection
20	Other	20	Other
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	S_C	Frequency of Use
-----------	---	------------	-------------------------

01	No past month use	01	No Past Month Use
02	1-3 times in past month	02	1-3 Times in Past Month
03	1-2 times per week	03	1-2 Times per Week
04	3-6 times per week	04	3-6 Times per Week
05	Daily	05	Daily
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	S_E	Age of First Use or Alcohol Intoxication
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00	Indicates a Newborn with a substance dependency problem	00	Newborn with Substance Abuse Problem
00-95	Indicates The Age at First Use	00-96	Range of Age
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
K 18	Type of Services	116	Substance Abuse Services Received
01	Hospital Inpatient (Detox, 24 hour Service)	01	Hospital Inpatient
02	Free-standing Residential (Detox, 24 hour Service)	02	Free-Standing Residential
03	Hospital (other than detox)	03	Hospital
04	Short-term, (30 days or fewer)	04	Short Term <=30 Days
05	Long-term, (more than 30 days)	05	Long Term >=30 Days (Half-Way House)
06	Intensive Outpatient	06	Intensive Outpatient
07	Non-Intensive Outpatient	07	Outpatient (includes case Management)
08	Ambulatory Detoxification	08	Detoxification
19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	41G	Methadone
2	No	0	No
1	Yes	1	Yes

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	068	Drug Type Code	
	9997 Unknown		0101 None	
	9998 Not Collected		BLAN Blank or 0000 K/000 0	
2	Detail Drug Code, Secondary	S1A	Drug Type	
3	Detail Drug Code, Tertiary	S1A	Drug Type	
4	DSM Diagnosis	024	Axis I - Principal	
	####. DSM III-R Category		####.# DSM IV Diagnosis	
	##		#	
	999. Not Collected		BLAN Blanks	
	98		KS	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	43-D	MH/SA Dual Diagnosis	
	8 Uncollected		- Other	
	2 No		0 No	
	1 Yes		1 Yes	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
6	Pregnant at Time of Admission	43-N	Pregnant Women and Women with Dependent Children	
2	No	0	No (not pregnant and no dependent children)	
1	Yes	1	Yes (pregnant and no dependent children)	
1	Yes	2	Yes (pregnant and has dependent children)	
2	No	3	No (not pregnant and has dependent children)	
7	Unknown	7	Unknown	
8	Not Collected	8	Not Collected	
7	Veteran Status	12	Veteran Status	
1	Yes	1	Yes	
2	No	2	No	
7	Unknown	3	Unknown	
8	Not Collected	4	Not Collected (Others)	
8	Living Arrangements	18	Living Arrangements	
01	Homeless	01	No Fixed, Regular and Adequate Nighttime Residence (includes homeless)	
02	Dependent Living	02	Jail/Prison	
02	Dependent Living	03	Hospital	
02	Dependent Living	04	Licensed Long Term Care Facility	
02	Dependent Living	05	Persoanl Care Home/Faciltiy Care Home	
02	Dependent Living	06	Living with Family of Origin	
02	Dependent Living	07	Staffed Group Living Facility	
02	Dependent Living	08	Group Living Facilty not Staffed	
03	Independent Living	09	Own Home or Apartment	
03	Independent Living	10	Own Home or Apartment: Independent	
97	Unknown	97	Unknown	
98	Not Collected	98	Not Collected	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	17	Primary Source of Income/Support	
01	Wages/Salary	01	Wages/Salary	
02	Public Assistance	02	Public Assistance	
03	Retirement/Pension	03	Retirement/Pension	
04	Disability	04	Disability	
20	Other	20	Other	
21	None	21	None	
97	Unknown	97	Unknown	
98	Not Collected	98	Not Collected	

10	Health Insurance	39	Expected Payment Source	
97	Unknown	A	Personal Resources	
02	Blue Cross/Blue Shield	B	Blue Cross/Blue Shield	
06	Health Maintenance Organization (HMO)	C	HMO	
01	Private Insurance (other than BCBS or HMO)	D	Health Insurance, Other	
03	Medicare	E	Medicare (XVIII)	
04	Medicaid	F	Medicaid (XIX)	
97	Unknown	G	Social Services	
20	Other (e.g. TriCare, Champus)	H	VA	
20	Other (e.g. TriCare, Champus)	I	CHAMPUS	
97	Unknown	J	DMHMRS	
97	Unknown	K	No Charge	
97	Unknown	L	Other Public Sources	
97	Unknown	M	Workman's Compensation	

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Optional

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

11	Expected/Actual Primary Source of Payment	40	Expected Primary Source of Payment for This Treatment Episode
01	Self-Pay	01	Personal Resources
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield
07	Other Health Insurance Companies	03	HMO
07	Other Health Insurance Companies	04	Health Insurance, Other
03	Medicare	05	Medicare (XVIII)
04	Medicaid	06	Medicaid (XIX)
05	Other Government Payments	07	Social Services
05	Other Government Payments	08	VA
05	Other Government Payments	09	CHAMPUS
05	Other Government Payments	10	DMHMRS
08	No Charge (Free, Charity, Special Research or Teaching)	11	No Charge
09	Other	12	Other Public Sources
06	Worker's Compensation	13	Workman's Compensation
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

12	Detailed Not in Labor Force	14	Employment Status
97	Unknown	00	Not Reported
01	Homemaker	06	Homemaker
02	Student	07	Student
03	Retired	08	Retired
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	09	Inmate of Institution
06	Other	10	Child (Preschool)
04	Disabled	11	Disabled
06	Other	99	Other

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Optional

Kentucky

Item

Item

No. Treatment Episode Data Set

Value

State System Data

13 Detailed Criminal Justice Referral Categories**26 Source of Referral**

04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board	33	Police
01	State/Federal Court	50	State/Federal Court
02	Other Court (Not State or Federal)	51	Formal Adjudication Process
03	Probation/Parole	52	Probation/Parole
04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board	53	Recognized Legal Entity
05	Diversionary Program (E.G. TASC)	54	Diversionary Program
06	Prison	55	Prison
07	DUI/DWI	56	DUI/DWI
08	Other	57	Other Criminal Justice

14 Marital Status**13 Marital Status**

01	Never Married	1	Never Married
02	Now Married or Cohabiting	2	Married or Cohabiting
04	Divorced	3	Divorced
03	Separated (legally or otherwise absent)	4	Separated
05	Widowed	5	Widowed
02	Now Married or Cohabiting	6	Remarried

15 Days Waiting to Enter Treatment**53 Time Waiting to Enter Treatment**

997	Unknown	997	Unknown
998	Not Collected	998	Not Collected

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Discharge

Kentucky

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	~	Discharge Not Yet Collected	
105	Client Identifier - (At Discharge)	~	Discharge Not Yet Collected	
106	Co-Dependent/Collateral At Discharge	~	Discharge Not Yet Collected	
109	Service at Discharge	~	Discharge Not Yet Collected	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
146	Date of Last Contact	~	Discharge Not Yet Collected	
147	Date of Discharge	~	Discharge Not Yet Collected	

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K = Key Field
Item

Discharge
Item

Kentucky

No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Yet Collected
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report